

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

463-62-001659
STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED FEB 15 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City, Mo.

Length of stay in city

22 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

WYANDOTTE

c. CITY

OR TOWN

Kansas City, Kansas

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1604 Lake Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clarence

HARLEY Foster

4. DATE OF DEATH

Month

Day

Year

Jan. 24, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/9/1907

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver-Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Appleton City, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Nimrod FOSTER

13b. MOTHER'S MAIDEN NAME

Nancy Jane Davison

14. NAME OF HUSBAND OR WIFE

Alta Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

1604 Lake Ave.

Mrs. Alta Foster Kansas City, Kans.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

months

yes.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour, Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-4-60 to 1-24-62 and last saw him alive on 1-24-62

Death occurred at 10:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

V.B. Ballard

(Degree or title)

22b. ADDRESS

411 Nichols Rd K.C. Mo.

22c. DATE SIGNED

1-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Jan. 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Maple Hill Cemetery

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

KANSAS

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

1-26-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Colman W. Pearson

Licensed Embalmer No. 4869

P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.